creation of regional programs modeled on Minnesota ''would go a long way to providing precisely the real-time support for outbreak investigations at the State and local levels that is sorely needed.''

At today's hearing, the Food Marketing Institute stated that the Food Safety Response Act would ''better coordinate foodborne illness surveillance systems and better support State laboratories in outbreak investigations with needed expertise.''

In Minnesota, we also have the benefit of working with strong leaders in the food industry, including SuperValu, Hormel, General Mills, and Schwann's. Their leadership has helped set national standards for food safety and response to foodborne outbreaks. Public and private collaboration is essential to improving our food safety response system.

The annual costs of medical care, lost productivity, and premature death due to foodborne illness is estimated to be $44 billion. There is a lot at stake—both in terms of life and money. I believe we can do better.

As a former prosecutor, I have always believed the first responsibility of a government is to protect its citizens. When people get sick or die from contaminated food, the government must take aggressive and immediate action.

Congress must improve the FDA and bring it into the 21st century. I believe, together, the Food Safety Rapid Response Act and Food Safety Modernization Act, which I have introduced with Senator CHAMBLISS, will strengthen food safety in our country and ultimately save both lives and money. We owe it to the American people to act quickly and pass this legislation.

Mr. President, I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Maryland is recognized.

MEDICARE PHYSICIAN FAIRNESS ACT

Ms. MIKULSKI. Mr. President, I am here today to speak on legislation on which we had a cloture vote last night, the Medicare Physician Fairness Act.

I am here to express my disappointment and frustration that we did not vote through a parliamentary procedure so we could debate the issue of what is facing physicians who provide treatment to Medicare patients.

Under the current situation, American doctors will face a 21.5-percent payment reduction in what they get from Medicare when they treat Medicare patients. I think this is outrageous. Right now, we have people who took TARP money and they are acting like twerps.

What they did is take the money. They don't lend the money, but they sure give themselves money with lavish compensation and bonuses. At the same time, every single day, 24/7, there are doctors on the front line saving lives, improving lives, and having people count on them. I am very sorry they chose over a budget debate to vote to take it out on doctors. We have to treat our doctors fairly for what they do and the sacrifices they make to do the job they do.

This is a 21.5-percent payment reduction. Imagine that. Imagine if we had to take a 21-percent pay cut. Do you think we would have not voted for cloture? I don't think so. We are forcing doctors to maybe close their doors to seniors, denying people access to the doctors they need and the doctors they should have. We cannot let this happen.

Every day, we ask the doctors treating our Medicare population to be unstinting in what they do. Then, when it turns around, the government is stingy. I think that is a double standard. We ask the people who provide the hands-on services to be unstinting. Yet when it comes to paying them for what they do, we are pretty stingy. This is unacceptable.

As I said, we ask so much of our doctors. They need to be skilled, smart, empathetic, and they need to be available 24/7. We ask them to have the scientific understanding of a Nobel Prize winner and the patience and compassion of Mother Teresa. Our doctors assume tremendous responsibility for life, the risk and accountability for making the right diagnosis, the right treatment, which is tailored for each unique patient. They follow us all the way through when something happens to us or comes up in our lives.

Our doctors look out for the aging population in our country. When people get older, they have multiple problems, and sometimes the very treatments contradict each other, requiring tremendous scientific skill and collaboration. When they treat older people, they need to take time to tell their story, their narrative. They don't go in just with a list of complaints.

I have heard my Medicare constituents say time and time again: I don't know what I would do without my doctor. Our doctors are always there for us, but are we there for them? Look at what they face.

First of all, in many instances, they are the first responders. They are there dealing with disease, trauma, and even death. For all the work they do while they are trying to work with patients, they have to face a health care bureaucracy—public and private. What is the one thing the public and the private programs have in common? They have a bureaucracy.

Doctors tell me when they came into medicine, it was to make a difference in patients' lives. But what do they run into? Hassle factors, complicated administrative forms, preapprovals, and skimpy and spartan reimbursements, whether it is from private insurance or Medicare.

In this country, we need to start focusing on value care, not volume care. Patients are grateful to their doctors, but Medicare reimbursement is important. All this work and this training is not rewarded for what doctors have to do. They have to work with a whole team of nurses, social workers, pharmacists, and integrative health professionals. One of the things we should do is make sure they are paid fairly. For health professionals—that entire team I talked about—their career is their calling.

Mr. President, I am going to share a personal anecdote on why I feel so strongly about this—not only because I chair the Subcommittee on Aging, and not only because I have tried to be a champion for the older population throughout my public career. In July, I took a fall coming out of church after Mass. I broke my ankle in three places on that Sunday afternoon. I was in absolute shock. As I tried to figure out what I would do, some of the people from church came to my rescue, and I was able to contact my primary care doctor. I had an ambulance there pretty quickly and was taken to a downtown urban hospital—Mercy Hospital. It truly, in every way, exemplifies the quality of mercy that comes like a gentle drop.

On my way there, and what happened to me as I went into the ER—that emergency room was like what we see on TV, only this was no miniseries; this was real life. The doctors at the hospital talked to me, and I spent time working with them as they treated me, got me through what I needed to do. I was met by the ER doctor. I had x-rays; there was a radiologist there. There was my primary care doctor on the phone. There was a gifted and talented orthopedic surgeon, who left his family at a cookout because the call of duty came, and he raced to be there. Was it for Senator Barb? No. The people in the ER were doing the same thing for everybody.

As I waited a few days for the swelling to go down, I had surgery which involved the anesthesiologist. I could go on and on.

When I look at all of the doctors who cared for me that day and in subsequent weeks—the ER doctor, the radiologist, the anesthesiologist, the orthopedic surgeon, my primary care doctor, and the cardiologist—they were wonderful people at my side. They were people who graduated from college, who then had gone to medical school, at considerable stress and cost. They had gone through sophisticated residency programs, and some even fellowships. They also participate in ongoing continuing medical education requirements. But they do it not because it is required but because they want to be tops in their field.

For all of that work and the responsibility they assume, we have to be able to reimburse them. Mr. President, I have seen the health care system from the wheelchair up. I have seen people who provide the health care, and I have been in rooms getting physical therapy with others who also need care. One of the things they are absolutely clear

about is we need to look out for the people who take care of us as they look out for us.

Today I am asking that we recognize the doctors for all that we ask of them—the knowledge they need, the risk they undertake, the high cost of their education, spending 12 years in training, being on call 24/7, often being rushed from their families when they want to spend time with them. I ask that we recognize those doctors by compensating them justly and fairly and not treating them like a commodity. We also need to do that for the nurses, social workers, physical and occupational therapists, integrative health people, and many others.

If we don't pass this Medicare Physician Fairness Act, we have real problems. Failing to pass this bill is not an option. I think we need to do the right thing by the doctors, and I think we need to do the right thing by the people who need the doctors.

Let's do the right thing and pass the Medicare Physician Fairness Act.

Mr. President, I yield the floor and suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. ALEXANDER. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. ALEXANDER. Mr. President, is now the time to begin the Republican part of morning business?

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

HEALTH CARE REFORM

Mr. ALEXANDER. Mr. President, first impressions are important. Depending on one's age, we remember different things. When I was a young teenager, the first college football game was broadcast on a television network. It was Tennessee versus Alabama with Lindsey Nelson, who had gone to Tennessee, and Mel Allen, who had gone to the University of Alabama, as the announcers. There have been a lot of good football games since that time, but everyone remembers the first broadcast.

I can remember the first one-hour evening news program. I think it was ''Huntley-Brinkley'' on NBC. There have been a lot of distinguished newscasters before and since, but that was the first one-hour news program with two anchors.

I can remember watching basketball games and getting a glimpse of a coach and forming an impression of the whole university from a short glimpse. An experience we've all had is meeting someone for the first time and getting a first impression that is usually a fairly accurate impression of that person. It usually lasts a long time, and it is hard to get over a first impression.

Yesterday was the first vote on health care reform. I think the American people got a very strong first impression from that vote. What the majority leader, the Democratic leader, sought to do was add $¼ trillion to the national debt on the first health care vote. The Senate said: No, we are not going to do that, even for a worthy cause, which in this case was fixing the doctors reimbursement procedure; which the Senator from Maryland just discussed and which we all agree needs to be attended to. But the Senate—all 40 Republicans, and 13 Democrats—said no, we are not going to start by adding $¼ trillion to the national debt on the first vote of health care reform. Especially not at a time when we just finished a year which added $1.4 trillion to the national debt, three times as much as the year before, and as much as we added to the entire national debt in the first 200 years of the Republic.

People are very worried about the growth of the debt, and that was reflected yesterday in the first vote on health care reform. I think that reminds us of the importance of reading the bill and knowing what it costs. That also is a bipartisan approach here. All the Republicans have said we want to be able to read the bill and know what it costs before we start voting. And even though Senator BUNNING's amendment, which would have allowed this, was voted down in the Finance Committee by Democrats, eight Democratic Senators wrote the Democratic leader and said: We agree; put the bill on the Internet, the complete text, for 72 hours and let's have a formal calculation of exactly what it costs before our first vote.

We had a first vote yesterday, even before we have a complete bill. Because we had a chance to read this one provision and time to think about it, we came to the right conclusion and voted it down.

In the next several months of discussion there will be many other issues such as this about how we reform health care. My view—and I think the view of most Republicans and I believe most Americans—is to reduce costs. We have to reduce the cost of health care to our government, otherwise it is going to go broke.

The President hosted a summit on entitlement spending early in the year which I was invited to it. I appreciated receiving the invitation and I attended the summit. Everybody there said if we do not control health care spending, we are going to go broke as a government. Then millions of Americans are saying: I cannot afford my own health care; 250 million of us have a health care premium we pay or someone helps us pay or some combination, and it is too expensive for individuals and for small businesses. So our goal is to reduce the cost of health care to government and reduce the cost of health care to Americans. Yet our first vote yesterday was to increase the debt, and we said no.

Let's read this bill as it comes to us. Right now it is being written behind closed doors in the majority leader's office. With such a controversial issue I am not sure that is the best way to go about writing this bill. Usually it helps to have bipartisan support in the Congress, even if you have big majorities, so that you can get broad bipartisan support in the country any time you have a complex issue.

When I was a young Senate aide in 1968, we had a very controversial issue before the Senate called the civil rights bill. Lyndon Johnson was President of the United States, and Everett Dirksen was the Republican leader sitting over where MITCH MCCONNELL sits today. The Democratic majorities were bigger than they are today. President Johnson did not have the Democratic leader write the civil rights bill in a closed room in the Democratic leader's office. What did he do instead? He was very wise. He had it written in the Republican leader's office.

So in Senator Everett Dirksen's office for several weeks in 1968, I recall, the bill was written in the full light of day, with Senators, staff members, and hangers-on going in and out. In the end, the bill—more difficult than this health care bill—passed. Senator Dirksen, the Republican leader, got some of the credit. He deserved it. President Johnson got what he wanted. And the country supported it because it saw, looking at Washington, DC, a broad level of support and they felt better about that.

I don't think people are going to feel as good about a bill that restructures one-sixth of our economy, that affects every single American's health, and the health care bill is being written behind closed doors, in the Democratic leader's office. We will see. But at least whatever emerges, we want to read the bill. We want the American people to be able to read the bill. And we want to know exactly what it costs before we go ahead.

For example, what is it going to do to Medicare? The Republican leader has talked about that issue. If the concept paper is any indication we know what it is going to do to Medicare. It is going to cut Medicare by $½ trillion to pay for a new entitlement program.

Some of my friends on the other side say: You are scaring seniors when you say that. It may be scaring seniors, but it is the truth. This bill, when implemented, is going to cost $1.8 trillion and $½ trillion is going to come from Medicare cuts. We are going to be cutting grandma's Medicare to spend on somebody other than grandma—a new entitlement program.

We are doing that at a time when the Medicare Program, the program that serves more than 40 million older Americans, is going broke. We need to be careful in the Senate not to overstate issues. So let's not take my word for it. The Medicare trustees say that the Medicare Program, upon which more than 40 million seniors rely, is going to run out of money between 2015 and 2017. That is not too far away. The